



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Taniguchi	Robert	H.	(808) 674-3258
MAILING ADDRESS (Street)			FAX
1001 Kamokila Blvd.			(808) 674-3111
(City)	(State)	(Zip Code)	
Kapolei	HI	96707	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
The Estate of James Campbell			(808) 674-6674
MAILING ADDRESS (Street)			FAX
1001 Kamokila Blvd.			(808) 674-3111
(City)	(State)	(Zip Code)	
Kapolei	HI	96707	

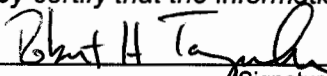
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
The Estate of James Campbell		(808) 674-6674
MAILING ADDRESS (Street)		FAX
1001 Kamokila Blvd.		(808) 674-3111
(City)	(State)	(Zip Code)
Kapolei	HI	96707
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Clarence M. Kido		(808) 674-3282
MAILING ADDRESS (Street)		FAX
1001 Kamokila Blvd.		(808) 674-3111
(City)	(State)	(Zip Code)
Kapolei	HI	96707

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input checked="" type="checkbox"/> Agriculture	Education	Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1/6/05

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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Stephen H. MacMillan

Chief Executive Officer

NAME OF ORGANIZATION (if applicable)

The Estate of James Campbell

TELEPHONE

(808) 674-3283

MAILING ADDRESS (Street)

1001 Kamokila Blvd.

FAX

(808) 674-3349

(City)

Kapolei

(State)

HI

(Zip Code)

96707

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)

1-7-05
(Date)